

<i>SERFF Tracking Number:</i>	<i>ERCB-125682998</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Westport Insurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>9-WC-AR-08-03694-1-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation ISO Adoption - 08-03694</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation ISO Adoption - 08-03694/9-WC-AR-08-03694-1-R</i>		

Filing at a Glance

Companies: Westport Insurance Corporation, North American Specialty Insurance Company, North American Elite Insurance Company

Product Name: Workers Compensation ISO Adoption - 08-03694 SERFF Tr Num: ERCB-125682998 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 9-WC-AR-08-03694-1-R

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Linda Snook

Disposition Date: 06/16/2008

Date Submitted: 06/05/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Workers Compensation ISO Adoption - 08-03694

Project Number: 9-WC-AR-08-03694-1-R

Status of Filing in Domicile: Not Filed

Domicile Status Comments: WIC - Missouri
NAS & NAE - New Hampshire

Reference Organization: NCCI

Reference Number: AR-2008-02 (approval circular AR-2008-06)

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/16/2008

State Status Changed: 06/05/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

The companies captioned above are adopting the loss costs from NCCI Workers' Compensation Item filing AR-2008-02 (approval circular AR-2008-06). The companies are also filing to increase the expense constant to \$350 (currently at \$300). North American Specialty Insurance Company (NAS) is filing to increase its loss cost multiplier to 1.632 (4.3% impact). Westport Insurance Corporation and North American Elite Insurance Company are maintaining their current

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loss cost multipliers. The impact of the circular adoption is -10.6% and the expense constant change impact is 0.7%.
The overall impact of these changes on our current book of business is -9.5%.

Company and Contact

Filing Contact Information

Linda Snook, P&RS Specialist	linda_snook@swissre.com
5200 Metcalf	(800) 255-6931 [Phone]
Overland Park, KS 66201	(913) 676-6226[FAX]

Filing Company Information

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	

North American Specialty Insurance Company	CoCode: 29874	State of Domicile: New Hampshire
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 02-0311919	

North American Elite Insurance Company	CoCode: 29700	State of Domicile: New Hampshire
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 13-3440360	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$100 per submission
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$100.00	06/05/2008	20685680
North American Specialty Insurance Company	\$0.00	06/05/2008	
North American Elite Insurance Company	\$0.00	06/05/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/16/2008	06/16/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	06/05/2008	06/05/2008	Linda Snook	06/16/2008	06/16/2008
Industry						
Response						

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Disposition

Disposition Date: 06/16/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Westport Insurance Corporation	-9.500%	\$-337,447	438	\$3,552,076	%	%	%
North American Specialty Insurance Company	-9.700%	\$-48,474	148	\$499,730	%	%	%
North American Elite Insurance Company	0.000%	\$0	0	\$0	%	%	%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

-3.500%

Effect of Rate Filing-Written Premium Change For This Program

\$-385,921

<i>SERFF Tracking Number:</i>	<i>ERCB-125682998</i>	<i>State:</i>	<i>Arkansas</i>
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Effect of Rate Filing - Number of Policyholders Affected	586
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document (revised)	NAIC loss cost data entry document	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Withdrawn	Yes
Rate	Workers Compensation and Employers Liability Rates - WIC	Approved	Yes
Rate	Workers Compensation and Employers Liability Rates - NAS	Approved	Yes
Rate	Workers Compensation and Employers Liability Rates - NAE	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/05/2008
Submitted Date 06/05/2008
Respond By Date
Dear Linda Snook,

This will acknowledge receipt of the captioned filing.

Objection 1

- NAIC loss cost data entry document (Supporting Document)

Comment: The NAIC Loss Cost Data Entry Document is required for a reason. The attachment "Exhibits" doesn't satisfy the requirement. Please add the NAIC Loss Cost Data Entry Document as required. The form can be found at http://www.naic.org/documents/loss_cost_data_entry.doc

Objection 2

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment: The Uniform Transmittal Document (UTD) is required because most companies fail to complete all of the fields on SERFF that we must have. Instead of attaching the UTD you have referred us to the Rate/Rule Schedule which has very little of the information that would have been on the UTD. I am not requiring that you attach the UTD because I have found the important information elsewhere but future filings could be rejected if you do not attach the UTD as required.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/16/2008
Submitted Date 06/16/2008

Dear Carol Stiffler,

Comments:

SERFF Tracking Number: ERCB-125682998 State: Arkansas
First Filing Company: Westport Insurance Corporation, ... State Tracking Number: EFT \$100
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Product Name: Workers Compensation ISO Adoption - 08-03694
Project Name/Number: Workers Compensation ISO Adoption - 08-03694/9-WC-AR-08-03694-1-R

Response 1

Comments: Attached is the LC Data Entry document as requested.

Related Objection 1

Applies To:

- NAIC loss cost data entry document (Supporting Document)

Comment:

The NAIC Loss Cost Data Entry Document is required for a reason. The attachment "Exhibits" doesn't satisfy the requirement. Please add the NAIC Loss Cost Data Entry Document as required. The form can be found at http://www.naic.org/documents/loss_cost_data_entry.doc

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Thank you. I will make sure this is submitted on future filings.

Related Objection 1

Applies To:

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment:

The Uniform Transmittal Document (UTD) is required because most companies fail to complete all of the fields on SERFF that we must have. Instead of attaching the UTD you have referred us to the Rate/Rule Schedule which has very little of the information that would have been on the UTD. I am not requiring that you attach the UTD because I have found the important information elsewhere but future filings could be rejected if you do not attach the UTD as required.

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: *ERCB-125682998* *State:* *Arkansas*
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Company Tracking Number: *9-WC-AR-08-03694-1-R*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation ISO Adoption - 08-03694*
Project Name/Number: *Workers Compensation ISO Adoption - 08-03694/9-WC-AR-08-03694-1-R*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Linda Snook

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Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	2.500%
Effective Date of Last Rate Revision:	01/01/2008
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Westport Insurance Corporation	%	-9.500%	\$-337,447	438	\$3,552,076	%	%
North American Specialty Insurance Company	%	-9.700%	\$-48,474	148	\$499,730	%	%
North American Elite Insurance Company	%	0.000%	\$0	0	\$0	%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:

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Overall Percentage Rate Impact For This Filing:	-3.500%
Effect of Rate Filing - Written Premium Change For This Program:	\$-385,921
Effect of Rate Filing - Number of Policyholders Affected:	586

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Project Name/Number: Workers Compensation ISO Adoption - 08-03694/9-WC-AR-08-03694-1-R

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Workers Compensation and Employers Liability Rates - WIC	WIC-WC-AR-Rates (07-01-2008)	Replacement	WIC-WC-AR-Rates 07-01-2008.pdf
Approved	Workers Compensation and Employers Liability Rates - NAS	NAS-WC-AR-Rates (07-01-2008)	Replacement	NAS-WC-AR-Rates 07-01-2008.pdf
Approved	Workers Compensation and Employers Liability Rates - NAE	NAE-WC-AR-Rates (07-01-2008)	Replacement	NAE-WC-AR-Rates 07-01-2008.pdf

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
WESTPORT INSURANCE CORPORATION

ARKANSAS

Effective July 1, 2008

Page 1

CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
0005	5.28	750	1860	1.60	582	2587	2.38	695	3118	0.99	494	3648	1.77	607
0008	2.15	662	1924	3.48	750	2589	1.18	521	3119	0.90	481	3681	1.28	536
0016	4.62	750	1925	2.41	699	2600	5.25	750	3122	1.24	530	3685	1.47	563
0034	3.55	750	2001	1.96	634	2623	2.31	685	3126	1.41	554	3719	2.15	662
0035	2.12	657	2002	2.46	707	2651	2.16	663	3131	0.86	475	3724	5.59	750
0036	3.37	750	2003	2.77	750	2660	1.20	524	3132	2.03	644	3726	2.49	711
0037	3.81	750	2014	5.22	750	2670	1.89	624	3145	1.96	634	3803	1.56	576
0042	5.25	750	2016	1.63	586	2683	1.62	585	3146	2.26	678	3807	1.73	601
0050	4.27	750	2021	2.73	746	2688	2.50	713	3169	2.01	641	3808	2.26	678
0059 D	0.24	--	2039	3.66	750	2701	6.08	750	3175 D	2.34	689	3821	3.40	750
0065 D	0.04	--	2041	3.51	750	2702 X	24.79	750	3179	1.97	636	3822	2.98	750
0066 D	0.04	--	2065	1.32	541	2710	7.22	750	3180	1.47	563	3824	3.98	750
0067 D	0.04	--	2070	4.49	750	2714	3.43	750	3188	1.25	531	3826	0.72	454
0079	3.48	750	2081	3.17	750	2719 X	9.10	750	3220	1.55	575	3827	1.29	537
0083	8.02	750	2089	2.08	652	2731	3.05	750	3223	2.46	707	3830	0.92	483
0106	9.38	750	2095	2.24	675	2735	2.14	660	3224	2.01	641	3851	2.18	666
0113	4.71	750	2105	2.00	640	2759	6.95	750	3227	1.50	568	3865	1.05	502
0170	2.03	644	2110	1.75	604	2790	1.28	536	3240	2.49	711	3881	2.90	750
0251	4.15	750	2111	2.07	650	2802	4.32	750	3241	2.31	685	4000	5.94	750
0400	6.64	750	2112	2.23	673	2812	3.03	750	3255	1.92	628	4021	4.87	750
0401	9.06	750	2114	2.20	669	2835	1.32	541	3257	2.80	750	4024 E	1.82	614
0771 N	0.24	--	2121	1.84	617	2836	1.85	618	3270	2.65	734	4034	5.71	750
0908 P	116.96	467	2130	2.30	684	2841	3.06	750	3300	3.67	750	4036	2.07	650
0913 P	288.32	638	2131	1.55	575	2881	2.07	650	3303	3.14	750	4038	1.78	608
0917	3.22	750	2143	1.80	611	2883	3.36	750	3307	2.76	750	4053	2.83	750
1005 *	9.07	750	2157	3.33	750	2913	3.36	750	3315	2.16	663	4061	3.48	750
1016 X*	33.85	750	2172	1.29	537	2915	3.50	750	3334	1.75	604	4062	1.89	624
1164 E	5.86	750	2174	2.41	699	2916	1.92	628	3336	1.81	612	4101	1.65	589
1165 E	3.86	750	2211	4.50	750	2923	1.97	636	3365	8.40	750	4111	2.52	715
1320	2.41	699	2220	1.60	582	2942	1.93	630	3372	2.34	689	4112	0.78	463
1322	12.92	750	2286	1.17	520	2960	2.65	734	3373	2.38	695	4113	1.09	508
1430	3.56	750	2288	3.32	750	3004	2.26	678	3383	0.88	478	4114	1.82	614
1438	2.00	640	2300	1.75	604	3018	2.11	656	3385	0.72	454	4130	3.74	750
1452	1.39	552	2302	1.40	553	3022	2.61	728	3400	2.23	673	4131	2.00	640
1463	9.57	750	2305	1.75	604	3027	2.20	669	3507	2.54	718	4133	1.97	636
1472	3.33	750	2361	0.99	494	3028	1.90	626	3515	1.80	611	4150	1.37	549
1624 E	6.24	750	2362	1.44	559	3030	3.30	750	3548	1.12	512	4206	3.02	750
1642	3.36	750	2380	3.71	750	3040	3.06	750	3559	2.14	660	4207	0.83	470
1654	5.15	750	2386	0.92	483	3041	2.73	746	3574	0.92	483	4239	1.05	502
1655	4.07	750	2388	1.58	579	3042	2.61	728	3581	1.18	521	4240	2.03	644
1699	1.65	589	2402	1.77	607	3064	3.78	750	3612	1.81	612	4243	1.37	549
1701	2.54	718	2413	1.39	552	3069	6.49	750	3620	4.77	750	4244	2.43	702
1710 E	5.03	750	2416	1.37	549	3076	2.43	702	3629	1.60	582	4250	1.22	527
1741 E	1.52	570	2417	1.29	537	3081 D	2.37	694	3632	3.29	750	4251	1.46	562
1745 X	2.46	707	2501	1.12	512	3082 D	3.20	750	3634	1.40	553	4263	1.81	612
1747	2.15	662	2503	1.10	510	3085 D	2.67	737	3635	1.70	597	4273	1.58	579
1748	6.13	750	2534	1.77	607	3110	2.34	689	3638	1.21	525	4279	1.48	565
1803 D	4.41	750	2570	4.07	750	3111	2.45	705	3642	0.69	450	4282	1.74	602
1852 D	2.04	646	2585	2.54	718	3113	1.93	630	3643	2.43	702	4283	1.62	585
1853	1.90	626	2586	1.09	508	3114	2.15	662	3647	2.76	750	4299	1.44	559

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
WESTPORT INSURANCE CORPORATION

ARKANSAS

Effective July 1, 2008

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CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
4304	2.27	679	5057	16.37	750	6213	7.30	750	7231	4.76	750	8008	1.09	508
4307	1.81	612	5059	19.45	750	6214	2.46	707	7232	11.23	750	8010	1.69	595
4351	0.94	486	5069	24.56	750	6216	5.68	750	7309 F	20.05	750	8013	0.44	414
4352	0.83	470	5102	3.60	750	6217	4.45	750	7313 F	5.68	750	8015	0.57	433
4360	0.75	459	5146	4.41	750	6229	4.41	750	7317 F	8.99	750	8017	1.05	502
4361	1.09	508	5160	3.11	750	6233	4.80	750	7327 F	26.53	750	8018 X*	2.24	675
4362	0.95	488	5183	3.09	750	6235	12.77	750	7333 M	4.81	750	8021	1.66	591
4410	2.64	733	5188	3.94	750	6236	10.51	750	7335 M	5.34	750	8031	3.45	750
4420	3.18	750	5190	2.83	750	6237	2.69	740	7337 M	8.61	750	8032	1.41	554
4431	1.22	527	5191 X	1.63	586	6251 D	7.00	750	7350 F	17.30	750	8033	1.69	595
4432	1.32	541	5192	3.52	750	6252 D	5.24	750	7360	6.20	750	8039	1.22	527
4439	1.39	552	5213	6.22	750	6260 D	4.62	750	7370	4.38	750	8044	2.46	707
4452	2.68	739	5215	3.71	750	6306	4.98	750	7380 X	3.02	750	8045	0.37	404
4459	1.54	573	5221	4.57	750	6319	4.86	750	7382	2.49	711	8046	2.38	695
4470	1.96	634	5222	10.55	750	6325	4.05	750	7390	3.22	750	8047	0.95	488
4484	1.71	598	5223	4.65	750	6400	6.08	750	7394 M	9.76	750	8058	2.45	705
4493	2.08	652	5348	3.60	750	6504	2.09	653	7395 M	10.85	750	8072	0.72	454
4511	0.61	438	5402	4.00	750	6702 M*	6.75	750	7398 M	17.49	750	8102	2.26	678
4557	1.40	553	5403	8.27	750	6703 M*	12.06	750	7403	2.58	724	8103	3.33	750
4558	1.36	547	5437	3.92	750	6704 M*	7.49	750	7405 N	1.02	498	8105	4.31	750
4561	1.63	586	5443	3.55	750	6801 F	10.28	750	7420 X*	22.39	750	8106	3.41	750
4568	2.14	660	5445	4.45	750	6811	4.52	750	7421	2.37	694	8107	2.91	750
4581	1.43	557	5462	4.69	750	6824 F	29.61	750	7422	2.00	640	8111	3.36	750
4583	4.37	750	5472	4.27	750	6826 F	11.36	750	7425	3.70	750	8116	3.74	750
4611	0.79	465	5473	5.85	750	6834	3.20	750	7431 N	1.51	569	8203	4.91	750
4635	4.07	750	5474	6.42	750	6836	5.21	750	7445 N	0.54	--	8204	4.26	750
4653	1.06	504	5478	3.90	750	6843 F	13.22	750	7453 N	0.82	--	8209	2.67	737
4665	5.51	750	5479	6.91	750	6845 F	20.06	750	7502	2.22	672	8215	5.11	750
4670	3.16	750	5480	6.99	750	6854	4.52	750	7515	0.95	488	8227	2.79	750
4683	4.03	750	5491	1.81	612	6872 F	17.23	750	7520	2.01	641	8232	5.62	750
4686	1.05	502	5506	3.26	750	6874 F	35.25	750	7538	9.02	750	8233	4.57	750
4692	0.39	407	5507	4.91	750	6882	4.52	750	7539	3.86	750	8235	3.69	750
4693	0.76	460	5508 D	8.28	750	6884	10.20	750	7540	2.53	717	8263	8.32	750
4703	1.99	639	5535	6.49	750	7016 M	4.01	750	7580	1.67	592	8264	3.01	750
4717	1.47	563	5537	4.28	750	7024 M	4.46	750	7590	4.62	750	8265	8.28	750
4720	4.30	750	5551	12.46	750	7038 M	5.06	750	7600	2.33	688	8279	7.96	750
4740	1.26	533	5606	1.48	565	7046 M	22.25	750	7601	10.49	750	8288	5.36	750
4741	1.44	559	5610	4.86	750	7047 M	7.18	750	7605	2.92	750	8291	1.86	620
4751	1.22	527	5645	9.91	750	7050 M	9.04	750	7610	0.48	420	8292	2.65	734
4771 N	1.40	553	5651	7.36	750	7090 M	5.62	750	7611	4.69	750	8293	6.11	750
4777	1.43	557	5703	80.19	750	7098 M	24.72	750	7612	10.46	750	8295 X	6.68	750
4825	0.73	456	5705	4.69	750	7099 M	39.83	750	7613	4.18	750	8304	6.15	750
4828	1.37	549	5951	0.35	401	7133	3.06	750	7705	2.30	684	8350	5.06	750
4829	0.99	494	6003	8.79	750	7151 M	3.71	750	7710	5.15	750	8380	3.17	750
4902	1.10	510	6005	6.68	750	7152 M	6.65	750	7711	5.15	750	8381	1.33	543
4923	0.91	482	6017	3.43	750	7153 M	4.13	750	7720 X	2.30	684	8385	2.15	662
5020	6.05	750	6018	1.86	620	7222	8.57	750	7855	5.55	750	8392	2.68	739
5022	4.35	750	6045	2.16	663	7228 X	6.08	750	8001	1.99	639	8393	1.52	570
5037	17.07	750	6204	8.74	750	7229 X	6.38	750	8002	2.90	750	8500	5.66	750
5040	22.89	750	6206	5.55	750	7230	3.59	750	8006	1.73	601	8601	0.73	456

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
WESTPORT INSURANCE CORPORATION

ARKANSAS

Effective July 1, 2008

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CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
8606		711	9083	1.44	559									
8709 F	7.13	750	9084	1.67	592									
8719	1.67	592	9089	1.02	498									
8720	1.21	525	9093	1.25	531									
8721	0.35	401	9101	2.69	740									
8726 F	8.17	750	9102	2.60	727									
8734 M	0.57	433	9154	1.73	601									
8737 M	0.52	425	9156	1.17	520									
8738 M	0.91	482	9170	2.48	710									
8742 X	0.42	411	9178	23.36	750									
8745	4.08	750	9179	32.06	750									
8748	0.37	404	9180	3.30	750									
8755	0.23	383	9182	2.41	699									
8799	0.86	475	9186	47.48	750									
8800	0.86	475	9220	3.03	750									
8803	0.07	360	9402	3.84	750									
8805 M	0.30	394	9403	5.10	750									
8810	0.22	382	9410	1.56	576									
8814 M	0.26	388	9501	3.92	750									
8815 M	0.48	420	9505	3.40	750									
8820	0.19	378	9516	2.90	750									
8824	2.20	669	9519	1.63	586									
8825	1.88	623	9521	4.72	750									
8826	1.99	639	9522	1.40	553									
8829	2.39	697	9534	6.23	750									
8831	2.34	689	9554	6.61	750									
8832	0.24	385	9586	0.58	434									
8833 X*	0.80	466	9600	1.46	562									
8835	1.75	604	9620	1.18	521									
8842	1.31	540												
8864	1.31	540												
8868	0.34	399												
8869	0.65	444												
8871	0.20	379												
8901	0.23	383												
9012	1.73	601												
9014	2.48	710												
9015 X	2.15	662												
9016	5.55	750												
9019	2.64	733												
9033	1.75	604												
9040 *	3.14	750												
9052	1.39	552												
9058	1.59	581												
9059	2.46	707												
9060	1.62	585												
9061	1.24	530												
9063	0.88	478												
9077 F	3.78	750												
9082	1.43	557												

- D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See Basic Manual Rule 3-A-7.
- E Advisory loss cost for classification already includes the specific disease loadings shown in the table below.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.18	S	1710E	0.03	S	3175D	0.02	S
0065D	0.03	S	1741E	0.15	S	4024E	0.01	S
0066D	0.03	S	1803D	0.15	S	5508D	0.02	S
0067D	0.03	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.05	S	3081D	0.03	S	6252D	0.02	S
1165E	0.02	S	3082D	0.03	S	6260D	0.02	S
1624E	0.03	S	3085D	0.03	S			

S = Silica, Asb = Asbestos

- F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Advisory loss cost includes a provision for federal assessment.
- M Advisory loss cost provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes**

- 1005 Advisory loss cost includes a non-ratable disease element of \$3.26. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$1.11.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$13.02. (For coverage written separately for federal benefits only, \$8.58. For coverage written separately for state benefits only, \$4.44.) It also includes a catastrophe loading of \$0.08.
- 6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.215.
- 6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost x 2.175 and elr x 2.032.
- 6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and elr each x 1.35.
- 7409 The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.
An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation).
An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation).
An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation).
An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical loss cost for the classification is \$0.30. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for the classification is \$1.11. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

MISCELLANEOUS VALUES

Effective July 01, 2008

Basis of premium applicable in accordance with Basic Manual footnote instructions for Code:

7370 -- "Taxicab Co.":

Employee operated vehicle	\$48,893
Leased or rented vehicle	\$32,595

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew":

Maximum payroll per week per employee	\$750
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Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the Basic Manual footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports",

Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling"

\$2,500

Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers"

\$300

Per Passenger Seat Surcharge -- In accordance with Basic Manual footnote instructions for classification Code 7421, the surcharge is:

Maximum surcharge per aircraft	\$1,000
Per passenger seat	\$100

Premium Determination for Partners, Sole Proprietors and Members of Limited Liability Companies in accordance with Basic Manual Rule 2-E-3

\$31,900

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4

86%

(Multiply a Non-F classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

MISCELLANEOUS VALUES

Effective July 01, 2008

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$350

The rate is the advisory loss cost multiplied by a factor of 1.360

Minimum Premium applicable in accordance with Basic Manual Rule 3-A-16-b or Rule 3-C-5-c are calculated for each class:

Standard formula = Rate x minimum premium multiplier + expense constant; but not over the maximum minimum premium.

Per capita formula = Rate + expense constant; but not over the maximum minimum premium.

Minimum Premium Multiplier 145

Maximum Minimum Premium \$750

Installment Fee - An installment handling fee will be charged for each direct bill installment \$9

Late Fee - A late fee will be charged when payment is received between the mailing of the "notice of intent to cancel" and the cancellation date \$15

Reinstatement Fee - A fee will be charged when a policy is reinstated after the cancellation date \$25

Foreign Terrorism Rate 0.03

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Rate 0.01

Premium Discount Percentages - (See Basic Manual Rule 3-A-19.) The following premium discounts are applicable to Standard Premiums:

First	\$ 10,000	-
Next	190,000	9.1%
Next	1,550,000	11.3%
Over	1,750,000	12.3%

Premium Determination under Basic Manual Rule 3-A-22

Specific Waiver: Charge the premium developed on the payroll used in connection with the work performed for the person or organization requiring the waiver

Minimum premium for a Specific Waiver \$250

Blanket Waiver: Charge the premium for each state the waiver is required

Minimum premium for a Blanket Waiver \$250

Percentage Premium Reductions - The following reduction percentages are applicable by hazard group and deductible amount on a per claim basis. The deductible percentage is determined by utilizing the following formula:

$\frac{f \times LER \times ELR}{(1-VER) \times LAE}$	where:	
f:	0.60	= safety factor
LER:	bureau	= loss elimination ratios from advisory miscellaneous values
ELR:	0.699	= expected loss ratio
LAE:	1.20	= loss adjustment expense
VER:	0.301	= variable expense ratio (VER: = (K) x (1 - ELR))
K:	1.00	= K is the ratio of variable expenses to total expenses.

Deductible Amount	Total Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
\$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
\$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
\$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
\$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
\$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
\$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
\$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
\$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Deductible Amount	Medical Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
\$1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
\$2,000	17.1%	13.8%	11.9%	10.1%	8.5%	5.9%	4.5%
\$2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
\$3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
\$3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
\$4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
\$4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
\$5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

Deductible Amount	Indemnity Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	2.0%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
\$2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
\$3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
\$3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
\$4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
\$4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
\$5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
NORTH AMERICAN SPECIALTY INSURANCE COMPANY

ARKANSAS

Effective July 1, 2008

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CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE	
CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN
	DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM
0005	6.33	750	1860	1.93	630	2587	2.86	750	3118	1.19	523	3648	2.12	657
0008	2.58	724	1924	4.18	750	2589	1.42	556	3119	1.08	507	3681	1.53	572
0016	5.55	750	1925	2.89	750	2600	6.30	750	3122	1.49	566	3685	1.76	605
0034	4.26	750	2001	2.35	691	2623	2.77	750	3126	1.70	597	3719	2.58	724
0035	2.55	720	2002	2.95	750	2651	2.59	726	3131	1.03	499	3724	6.71	750
0036	4.05	750	2003	3.33	750	2660	1.44	559	3132	2.43	702	3726	2.99	750
0037	4.57	750	2014	6.27	750	2670	2.27	679	3145	2.35	691	3803	1.88	623
0042	6.30	750	2016	1.96	634	2683	1.94	631	3146	2.71	743	3807	2.07	650
0050	5.12	750	2021	3.28	750	2688	3.00	750	3169	2.42	701	3808	2.71	743
0059 D	0.29	--	2039	4.39	750	2701	7.30	750	3175 D	2.81	750	3821	4.08	750
0065 D	0.05	--	2041	4.21	750	2702 X	29.75	750	3179	2.37	694	3822	3.57	750
0066 D	0.05	--	2065	1.58	579	2710	8.67	750	3180	1.76	605	3824	4.78	750
0067 D	0.05	--	2070	5.39	750	2714	4.11	750	3188	1.50	568	3826	0.86	475
0079	4.18	750	2081	3.80	750	2719 X	10.92	750	3220	1.86	620	3827	1.55	575
0083	9.63	750	2089	2.50	713	2731	3.66	750	3223	2.95	750	3830	1.11	511
0106	11.26	750	2095	2.69	740	2735	2.56	721	3224	2.42	701	3851	2.61	728
0113	5.65	750	2105	2.40	698	2759	8.34	750	3227	1.80	611	3865	1.26	533
0170	2.43	702	2110	2.11	656	2790	1.53	572	3240	2.99	750	3881	3.48	750
0251	4.98	750	2111	2.48	710	2802	5.19	750	3241	2.77	750	4000	7.13	750
0400	7.96	750	2112	2.68	739	2812	3.64	750	3255	2.30	684	4021	5.84	750
0401	10.87	750	2114	2.64	733	2835	1.58	579	3257	3.36	750	4024 E	2.19	668
0771 N	0.29	--	2121	2.20	669	2836	2.22	672	3270	3.18	750	4034	6.85	750
0908 P	140.35	490	2130	2.76	750	2841	3.67	750	3300	4.41	750	4036	2.48	710
0913 P	345.98	696	2131	1.86	620	2881	2.48	710	3303	3.77	750	4038	2.14	660
0917	3.87	750	2143	2.15	662	2883	4.03	750	3307	3.31	750	4053	3.39	750
1005 *	10.89	750	2157	4.00	750	2913	4.03	750	3315	2.59	726	4061	4.18	750
1016 X*	40.62	750	2172	1.55	575	2915	4.19	750	3334	2.11	656	4062	2.27	679
1164 E	7.03	750	2174	2.89	750	2916	2.30	684	3336	2.17	665	4101	1.97	636
1165 E	4.63	750	2211	5.40	750	2923	2.37	694	3365	10.09	750	4111	3.02	750
1320	2.89	750	2220	1.93	630	2942	2.32	686	3372	2.81	750	4112	0.93	485
1322	15.50	750	2286	1.40	553	2960	3.18	750	3373	2.86	750	4113	1.31	540
1430	4.28	750	2288	3.98	750	3004	2.71	743	3383	1.06	504	4114	2.19	668
1438	2.40	698	2300	2.11	656	3018	2.53	717	3385	0.86	475	4130	4.49	750
1452	1.66	591	2302	1.68	594	3022	3.13	750	3400	2.68	739	4131	2.40	698
1463	11.49	750	2305	2.11	656	3027	2.64	733	3507	3.05	750	4133	2.37	694
1472	4.00	750	2361	1.19	523	3028	2.28	681	3515	2.15	662	4150	1.65	589
1624 E	7.49	750	2362	1.73	601	3030	3.97	750	3548	1.34	544	4206	3.62	750
1642	4.03	750	2380	4.46	750	3040	3.67	750	3559	2.56	721	4207	1.00	495
1654	6.19	750	2386	1.11	511	3041	3.28	750	3574	1.11	511	4239	1.26	533
1655	4.88	750	2388	1.89	624	3042	3.13	750	3581	1.42	556	4240	2.43	702
1699	1.97	636	2402	2.12	657	3064	4.54	750	3612	2.17	665	4243	1.65	589
1701	3.05	750	2413	1.66	591	3069	7.78	750	3620	5.73	750	4244	2.92	750
1710 E	6.04	750	2416	1.65	589	3076	2.92	750	3629	1.93	630	4250	1.47	563
1741 E	1.83	615	2417	1.55	575	3081 D	2.84	750	3632	3.95	750	4251	1.75	604
1745 X	2.95	750	2501	1.34	544	3082 D	3.84	750	3634	1.68	594	4263	2.17	665
1747	2.58	724	2503	1.32	541	3085 D	3.20	750	3635	2.04	646	4273	1.89	624
1748	7.36	750	2534	2.12	657	3110	2.81	750	3638	1.45	560	4279	1.78	608
1803 D	5.29	750	2570	4.88	750	3111	2.94	750	3642	0.83	470	4282	2.09	653
1852 D	2.45	705	2585	3.05	750	3113	2.32	686	3643	2.92	750	4283	1.94	631
1853	2.28	681	2586	1.31	540	3114	2.58	724	3647	3.31	750	4299	1.73	601

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4304	2.73	746	5057	19.65	750	6213	8.76	750	7231	5.71	750	8008	1.31	540
4307	2.17	665	5059	23.34	750	6214	2.95	750	7232	13.48	750	8010	2.02	643
4351	1.13	514	5069	29.47	750	6216	6.82	750	7309 F	24.06	750	8013	0.52	425
4352	1.00	495	5102	4.32	750	6217	5.34	750	7313 F	6.82	750	8015	0.69	450
4360	0.90	481	5146	5.29	750	6229	5.29	750	7317 F	10.79	750	8017	1.26	533
4361	1.31	540	5160	3.74	750	6233	5.76	750	7327 F	31.84	750	8018 X*	2.69	740
4362	1.14	515	5183	3.70	750	6235	15.32	750	7333 M	5.78	750	8021	1.99	639
4410	3.17	750	5188	4.73	750	6236	12.62	750	7335 M	6.41	750	8031	4.15	750
4420	3.82	750	5190	3.39	750	6237	3.23	750	7337 M	10.33	750	8032	1.70	597
4431	1.47	563	5191 X	1.96	634	6251 D	8.40	750	7350 F	20.76	750	8033	2.02	643
4432	1.58	579	5192	4.23	750	6252 D	6.28	750	7360	7.44	750	8039	1.47	563
4439	1.66	591	5213	7.46	750	6260 D	5.55	750	7370	5.26	750	8044	2.95	750
4452	3.22	750	5215	4.46	750	6306	5.97	750	7380 X	3.62	750	8045	0.44	414
4459	1.84	617	5221	5.48	750	6319	5.83	750	7382	2.99	750	8046	2.86	750
4470	2.35	691	5222	12.66	750	6325	4.86	750	7390	3.87	750	8047	1.14	515
4484	2.06	649	5223	5.58	750	6400	7.30	750	7394 M	11.72	750	8058	2.94	750
4493	2.50	713	5348	4.32	750	6504	2.51	714	7395 M	13.02	750	8072	0.86	475
4511	0.73	456	5402	4.80	750	6702 M*	8.09	750	7398 M	20.99	750	8102	2.71	743
4557	1.68	594	5403	9.92	750	6703 M*	14.48	750	7403	3.10	750	8103	4.00	750
4558	1.63	586	5437	4.70	750	6704 M*	8.99	750	7405 N	1.22	527	8105	5.17	750
4561	1.96	634	5443	4.26	750	6801 F	12.34	750	7420 X*	26.86	750	8106	4.10	750
4568	2.56	721	5445	5.34	750	6811	5.42	750	7421	2.84	750	8107	3.49	750
4581	1.71	598	5462	5.63	750	6824 F	35.53	750	7422	2.40	698	8111	4.03	750
4583	5.24	750	5472	5.12	750	6826 F	13.63	750	7425	4.44	750	8116	4.49	750
4611	0.95	488	5473	7.02	750	6834	3.84	750	7431 N	1.81	612	8203	5.89	750
4635	4.88	750	5474	7.70	750	6836	6.25	750	7445 N	0.65	--	8204	5.11	750
4653	1.27	534	5478	4.68	750	6843 F	15.86	750	7453 N	0.98	--	8209	3.20	750
4665	6.61	750	5479	8.29	750	6845 F	24.07	750	7502	2.66	736	8215	6.14	750
4670	3.79	750	5480	8.39	750	6854	5.42	750	7515	1.14	515	8227	3.35	750
4683	4.83	750	5491	2.17	665	6872 F	20.68	750	7520	2.42	701	8232	6.74	750
4686	1.26	533	5506	3.92	750	6874 F	42.30	750	7538	10.82	750	8233	5.48	750
4692	0.47	418	5507	5.89	750	6882	5.42	750	7539	4.63	750	8235	4.42	750
4693	0.91	482	5508 D	9.94	750	6884	12.24	750	7540	3.04	750	8263	9.99	750
4703	2.38	695	5535	7.78	750	7016 M	4.81	750	7580	2.01	641	8264	3.61	750
4717	1.76	605	5537	5.14	750	7024 M	5.35	750	7590	5.55	750	8265	9.94	750
4720	5.16	750	5551	14.95	750	7038 M	6.07	750	7600	2.79	750	8279	9.55	750
4740	1.52	570	5606	1.78	608	7046 M	26.70	750	7601	12.58	750	8288	6.43	750
4741	1.73	601	5610	5.83	750	7047 M	8.62	750	7605	3.51	750	8291	2.24	675
4751	1.47	563	5645	11.90	750	7050 M	10.85	750	7610	0.57	433	8292	3.18	750
4771 N	1.68	594	5651	8.83	750	7090 M	6.74	750	7611	5.63	750	8293	7.33	750
4777	1.71	598	5703	96.22	750	7098 M	29.67	750	7612	12.55	750	8295 X	8.01	750
4825	0.88	478	5705	5.63	750	7099 M	47.80	750	7613	5.01	750	8304	7.38	750
4828	1.65	589	5951	0.42	411	7133	3.67	750	7705	2.76	750	8350	6.07	750
4829	1.19	523	6003	10.54	750	7151 M	4.46	750	7710	6.19	750	8380	3.80	750
4902	1.32	541	6005	8.01	750	7152 M	7.98	750	7711	6.19	750	8381	1.60	582
4923	1.09	508	6017	4.11	750	7153 M	4.96	750	7720 X	2.76	750	8385	2.58	724
5020	7.26	750	6018	2.24	675	7222	10.28	750	7855	6.66	750	8392	3.22	750
5022	5.22	750	6045	2.59	726	7228 X	7.30	750	8001	2.38	695	8393	1.83	615
5037	20.48	750	6204	10.49	750	7229 X	7.65	750	8002	3.48	750	8500	6.79	750
5040	27.47	750	6206	6.66	750	7230	4.31	750	8006	2.07	650	8601	0.88	478

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8606	2.99	750	9083	1.73	601									
8709 F	8.55	750	9084	2.01	641									
8719	2.01	641	9089	1.22	527									
8720	1.45	560	9093	1.50	568									
8721	0.42	411	9101	3.23	750									
8726 F	9.81	750	9102	3.12	750									
8734 M	0.69	450	9154	2.07	650									
8737 M	0.62	440	9156	1.40	553									
8738 M	1.09	508	9170	2.97	750									
8742 X	0.51	424	9178	28.04	750									
8745	4.90	750	9179	38.47	750									
8748	0.44	414	9180	3.97	750									
8755	0.28	391	9182	2.89	750									
8799	1.03	499	9186	56.97	750									
8800	1.03	499	9220	3.64	750									
8803	0.08	362	9402	4.60	750									
8805 M	0.36	402	9403	6.12	750									
8810	0.26	388	9410	1.88	623									
8814 M	0.31	395	9501	4.70	750									
8815 M	0.57	433	9505	4.08	750									
8820	0.23	383	9516	3.48	750									
8824	2.64	733	9519	1.96	634									
8825	2.25	676	9521	5.66	750									
8826	2.38	695	9522	1.68	594									
8829	2.87	750	9534	7.47	750									
8831	2.81	750	9554	7.93	750									
8832	0.29	392	9586	0.70	452									
8833 X*	0.96	489	9600	1.75	604									
8835	2.11	656	9620	1.42	556									
8842	1.57	578												
8864	1.57	578												
8868	0.41	409												
8869	0.78	463												
8871	0.24	385												
8901	0.28	391												
9012	2.07	650												
9014	2.97	750												
9015 X	2.58	724												
9016	6.66	750												
9019	3.17	750												
9033	2.11	656												
9040 *	3.77	750												
9052	1.66	591												
9058	1.91	627												
9059	2.95	750												
9060	1.94	631												
9061	1.49	566												
9063	1.06	504												
9077 F	4.54	750												
9082	1.71	598												

- D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See Basic Manual Rule 3-A-7.
- E Advisory loss cost for classification already includes the specific disease loadings shown in the table below.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.18	S	1710E	0.03	S	3175D	0.02	S
0065D	0.03	S	1741E	0.15	S	4024E	0.01	S
0066D	0.03	S	1803D	0.15	S	5508D	0.02	S
0067D	0.03	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.05	S	3081D	0.03	S	6252D	0.02	S
1165E	0.02	S	3082D	0.03	S	6260D	0.02	S
1624E	0.03	S	3085D	0.03	S			

S = Silica, Asb = Asbestos

- F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Advisory loss cost includes a provision for federal assessment.
- M Advisory loss cost provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes**

- 1005 Advisory loss cost includes a non-ratable disease element of \$3.26. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$1.11.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$13.02. (For coverage written separately for federal benefits only, \$8.58. For coverage written separately for state benefits only, \$4.44.) It also includes a catastrophe loading of \$0.08.
- 6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.215.
- 6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost x 2.175 and elr x 2.032.
- 6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and elr each x 1.35.
- 7409 The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.
An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation).
An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation).
An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation).
An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical loss cost for the classification is \$0.30. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for the classification is \$1.11. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

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Basis of premium applicable in accordance with Basic Manual footnote instructions for Code:

7370 -- "Taxicab Co.":

Employee operated vehicle	\$48,893
Leased or rented vehicle	\$32,595

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew":

Maximum payroll per week per employee	\$750
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Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the Basic Manual footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports",

Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling"

\$2,500

Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers"

\$300

Per Passenger Seat Surcharge -- In accordance with Basic Manual footnote instructions for classification Code 7421, the surcharge is:

Maximum surcharge per aircraft	\$1,000
Per passenger seat	\$100

Premium Determination for Partners, Sole Proprietors and Members of Limited Liability Companies in accordance with Basic Manual Rule 2-E-3

\$31,900

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4

86%

(Multiply a Non-F classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

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Expense Constant applicable in accordance with Basic Manual Rule 3-A-11	\$350
The rate is the advisory loss cost multiplied by a factor of	1.632

Minimum Premium applicable in accordance with Basic Manual Rule 3-A-16-b or Rule 3-C-5-c are calculated for each class:

Standard formula = Rate x minimum premium multiplier + expense constant; but not over the maximum minimum premium.

Per capita formula = Rate + expense constant; but not over the maximum minimum premium.

Minimum Premium Multiplier	145
Maximum Minimum Premium	\$750

Installment Fee - An installment handling fee will be charged for each direct bill installment	\$9
Late Fee - A late fee will be charged when payment is received between the mailing of the "notice of intent to cancel" and the cancellation date	\$15
Reinstatement Fee - A fee will be charged when a policy is reinstated after the cancellation date	\$25

Foreign Terrorism Rate	0.03
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Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Rate	0.02
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Premium Discount Percentages - (See Basic Manual Rule 3-A-19.) The following premium discounts are applicable to Standard Premiums:

First	\$ 10,000	-
Next	190,000	9.1%
Next	1,550,000	11.3%
Over	1,750,000	12.3%

Premium Determination under Basic Manual Rule 3-A-22

Specific Waiver: Charge the premium developed on the payroll used in connection with the work performed for the person or organization requiring the waiver	5%
Minimum premium for a Specific Waiver	\$250
Blanket Waiver: Charge the premium for each state the waiver is required	2%
Minimum premium for a Blanket Waiver	\$250

Percentage Premium Reductions - The following reduction percentages are applicable by hazard group and deductible amount on a per claim basis. The deductible percentage is determined by utilizing the following formula:

$\frac{f \times LER \times ELR}{(1-VER) \times LAE}$	where:	
f:	0.60	= safety factor
LER:	bureau	= loss elimination ratios from advisory miscellaneous values
ELR:	0.699	= expected loss ratio
LAE:	1.20	= loss adjustment expense
VER:	0.301	= variable expense ratio (VER: = (K) x (1 - ELR))
K:	1.00	= K is the ratio of variable expenses to total expenses.

Deductible Amount	Total Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
\$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
\$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
\$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
\$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
\$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
\$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
\$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
\$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Deductible Amount	Medical Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
\$1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
\$2,000	17.1%	13.8%	11.9%	10.1%	8.5%	5.9%	4.5%
\$2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
\$3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
\$3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
\$4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
\$4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
\$5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

Deductible Amount	Indemnity Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	2.0%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
\$2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
\$3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
\$3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
\$4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
\$4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
\$5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

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0005	7.40	750	1860	2.25	676	2587	3.34	750	3118	1.39	552	3648	2.48	710
0008	3.01	750	1924	4.88	750	2589	1.66	591	3119	1.26	533	3681	1.79	610
0016	6.49	750	1925	3.38	750	2600	7.36	750	3122	1.74	602	3685	2.06	649
0034	4.98	750	2001	2.75	749	2623	3.24	750	3126	1.98	637	3719	3.01	750
0035	2.98	750	2002	3.45	750	2651	3.03	750	3131	1.20	524	3724	7.84	750
0036	4.73	750	2003	3.89	750	2660	1.68	594	3132	2.84	750	3726	3.49	750
0037	5.34	750	2014	7.33	750	2670	2.65	734	3145	2.75	749	3803	2.19	668
0042	7.36	750	2016	2.29	682	2683	2.27	679	3146	3.17	750	3807	2.42	701
0050	5.99	750	2021	3.84	750	2688	3.51	750	3169	2.82	750	3808	3.17	750
0059 D	0.34	--	2039	5.13	750	2701	8.53	750	3175 D	3.28	750	3821	4.77	750
0065 D	0.06	--	2041	4.92	750	2702 X	34.78	750	3179	2.77	750	3822	4.18	750
0066 D	0.06	--	2065	1.85	618	2710	10.13	750	3180	2.06	649	3824	5.59	750
0067 D	0.06	--	2070	6.30	750	2714	4.81	750	3188	1.76	605	3826	1.01	496
0079	4.88	750	2081	4.45	750	2719 X	12.76	750	3220	2.18	666	3827	1.81	612
0083	11.26	750	2089	2.92	750	2731	4.27	750	3223	3.45	750	3830	1.30	539
0106	13.17	750	2095	3.15	750	2735	3.00	750	3224	2.82	750	3851	3.05	750
0113	6.60	750	2105	2.80	750	2759	9.75	750	3227	2.10	655	3865	1.47	563
0170	2.84	750	2110	2.46	707	2790	1.79	610	3240	3.49	750	3881	4.06	750
0251	5.82	750	2111	2.90	750	2802	6.07	750	3241	3.24	750	4000	8.34	750
0400	9.31	750	2112	3.13	750	2812	4.25	750	3255	2.69	740	4021	6.83	750
0401	12.71	750	2114	3.09	750	2835	1.85	618	3257	3.93	750	4024 E	2.56	721
0771 N	0.34	--	2121	2.58	724	2836	2.59	726	3270	3.72	750	4034	8.01	750
0908 P	164.09	514	2130	3.22	750	2841	4.29	750	3300	5.15	750	4036	2.90	750
0913 P	404.50	750	2131	2.18	666	2881	2.90	750	3303	4.41	750	4038	2.50	713
0917	4.52	750	2143	2.52	715	2883	4.71	750	3307	3.87	750	4053	3.97	750
1005 *	12.73	750	2157	4.67	750	2913	4.71	750	3315	3.03	750	4061	4.88	750
1016 X*	47.49	750	2172	1.81	612	2915	4.90	750	3334	2.46	707	4062	2.65	734
1164 E	8.22	750	2174	3.38	750	2916	2.69	740	3336	2.54	718	4101	2.31	685
1165 E	5.42	750	2211	6.32	750	2923	2.77	750	3365	11.79	750	4111	3.53	750
1320	3.38	750	2220	2.25	676	2942	2.71	743	3372	3.28	750	4112	1.09	508
1322	18.13	750	2286	1.64	588	2960	3.72	750	3373	3.34	750	4113	1.53	572
1430	5.00	750	2288	4.66	750	3004	3.17	750	3383	1.24	530	4114	2.56	721
1438	2.80	750	2300	2.46	707	3018	2.96	750	3385	1.01	496	4130	5.25	750
1452	1.95	633	2302	1.97	636	3022	3.66	750	3400	3.13	750	4131	2.80	750
1463	13.43	750	2305	2.46	707	3027	3.09	750	3507	3.57	750	4133	2.77	750
1472	4.67	750	2361	1.39	552	3028	2.67	737	3515	2.52	715	4150	1.93	630
1624 E	8.76	750	2362	2.02	643	3030	4.64	750	3548	1.56	576	4206	4.24	750
1642	4.71	750	2380	5.21	750	3040	4.29	750	3559	3.00	750	4207	1.16	518
1654	7.23	750	2386	1.30	539	3041	3.84	750	3574	1.30	539	4239	1.47	563
1655	5.70	750	2388	2.21	670	3042	3.66	750	3581	1.66	591	4240	2.84	750
1699	2.31	685	2402	2.48	710	3064	5.30	750	3612	2.54	718	4243	1.93	630
1701	3.57	750	2413	1.95	633	3069	9.10	750	3620	6.70	750	4244	3.42	750
1710 E	7.06	750	2416	1.93	630	3076	3.42	750	3629	2.25	676	4250	1.72	599
1741 E	2.14	660	2417	1.81	612	3081 D	3.32	750	3632	4.62	750	4251	2.04	646
1745 X	3.45	750	2501	1.56	576	3082 D	4.48	750	3634	1.97	636	4263	2.54	718
1747	3.01	750	2503	1.55	575	3085 D	3.74	750	3635	2.39	697	4273	2.21	670
1748	8.61	750	2534	2.48	710	3110	3.28	750	3638	1.70	597	4279	2.08	652
1803 D	6.18	750	2570	5.70	750	3111	3.43	750	3642	0.97	491	4282	2.44	704
1852 D	2.86	750	2585	3.57	750	3113	2.71	743	3643	3.42	750	4283	2.27	679
1853	2.67	737	2586	1.53	572	3114	3.01	750	3647	3.87	750	4299	2.02	643

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4304	3.19	750	5057	22.97	750	6213	10.25	750	7231	6.68	750	8008	1.53	572
4307	2.54	718	5059	27.28	750	6214	3.45	750	7232	15.76	750	8010	2.37	694
4351	1.32	541	5069	34.46	750	6216	7.98	750	7309 F	28.12	750	8013	0.61	438
4352	1.16	518	5102	5.06	750	6217	6.24	750	7313 F	7.98	750	8015	0.80	466
4360	1.05	502	5146	6.18	750	6229	6.18	750	7317 F	12.61	750	8017	1.47	563
4361	1.53	572	5160	4.37	750	6233	6.74	750	7327 F	37.23	750	8018 X*	3.15	750
4362	1.34	544	5183	4.33	750	6235	17.92	750	7333 M	6.75	750	8021	2.33	688
4410	3.70	750	5188	5.53	750	6236	14.75	750	7335 M	7.50	750	8031	4.85	750
4420	4.46	750	5190	3.97	750	6237	3.78	750	7337 M	12.08	750	8032	1.98	637
4431	1.72	599	5191 X	2.29	682	6251 D	9.83	750	7350 F	24.27	750	8033	2.37	694
4432	1.85	618	5192	4.94	750	6252 D	7.35	750	7360	8.70	750	8039	1.72	599
4439	1.95	633	5213	8.72	750	6260 D	6.49	750	7370	6.14	750	8044	3.45	750
4452	3.76	750	5215	5.21	750	6306	6.98	750	7380 X	4.24	750	8045	0.52	425
4459	2.16	663	5221	6.41	750	6319	6.81	750	7382	3.49	750	8046	3.34	750
4470	2.75	749	5222	14.81	750	6325	5.69	750	7390	4.52	750	8047	1.34	544
4484	2.40	698	5223	6.53	750	6400	8.53	750	7394 M	13.70	750	8058	3.43	750
4493	2.92	750	5348	5.06	750	6504	2.94	750	7395 M	15.23	750	8072	1.01	496
4511	0.86	475	5402	5.61	750	6702 M*	9.46	750	7398 M	24.54	750	8102	3.17	750
4557	1.97	636	5403	11.60	750	6703 M*	16.92	750	7403	3.63	750	8103	4.67	750
4558	1.91	627	5437	5.50	750	6704 M*	10.51	750	7405 N	1.43	557	8105	6.05	750
4561	2.29	682	5443	4.98	750	6801 F	14.42	750	7420 X*	31.41	750	8106	4.79	750
4568	3.00	750	5445	6.24	750	6811	6.33	750	7421	3.32	750	8107	4.08	750
4581	2.00	640	5462	6.58	750	6824 F	41.54	750	7422	2.80	750	8111	4.71	750
4583	6.12	750	5472	5.99	750	6826 F	15.93	750	7425	5.19	750	8116	5.25	750
4611	1.11	511	5473	8.20	750	6834	4.48	750	7431 N	2.12	657	8203	6.89	750
4635	5.70	750	5474	9.01	750	6836	7.31	750	7445 N	0.76	--	8204	5.97	750
4653	1.49	566	5478	5.48	750	6843 F	18.55	750	7453 N	1.14	--	8209	3.74	750
4665	7.73	750	5479	9.69	750	6845 F	28.14	750	7502	3.11	750	8215	7.17	750
4670	4.43	750	5480	9.81	750	6854	6.33	750	7515	1.34	544	8227	3.91	750
4683	5.65	750	5491	2.54	718	6872 F	24.17	750	7520	2.82	750	8232	7.88	750
4686	1.47	563	5506	4.58	750	6874 F	49.46	750	7538	12.65	750	8233	6.41	750
4692	0.55	430	5507	6.89	750	6882	6.33	750	7539	5.42	750	8235	5.17	750
4693	1.07	505	5508 D	11.62	750	6884	14.31	750	7540	3.55	750	8263	11.68	750
4703	2.79	750	5535	9.10	750	7016 M	5.63	750	7580	2.35	691	8264	4.22	750
4717	2.06	649	5537	6.01	750	7024 M	6.26	750	7590	6.49	750	8265	11.62	750
4720	6.03	750	5551	17.48	750	7038 M	7.10	750	7600	3.26	750	8279	11.16	750
4740	1.77	607	5606	2.08	652	7046 M	31.21	750	7601	14.71	750	8288	7.52	750
4741	2.02	643	5610	6.81	750	7047 M	10.07	750	7605	4.10	750	8291	2.61	728
4751	1.72	599	5645	13.91	750	7050 M	12.69	750	7610	0.67	447	8292	3.72	750
4771 N	1.97	636	5651	10.32	750	7090 M	7.88	750	7611	6.58	750	8293	8.57	750
4777	2.00	640	5703	112.50	750	7098 M	34.69	750	7612	14.67	750	8295 X	9.37	750
4825	1.03	499	5705	6.58	750	7099 M	55.89	750	7613	5.86	750	8304	8.62	750
4828	1.93	630	5951	0.50	423	7133	4.29	750	7705	3.22	750	8350	7.10	750
4829	1.39	552	6003	12.33	750	7151 M	5.21	750	7710	7.23	750	8380	4.45	750
4902	1.55	575	6005	9.37	750	7152 M	9.33	750	7711	7.23	750	8381	1.87	621
4923	1.28	536	6017	4.81	750	7153 M	5.80	750	7720 X	3.22	750	8385	3.01	750
5020	8.49	750	6018	2.61	728	7222	12.02	750	7855	7.78	750	8392	3.76	750
5022	6.11	750	6045	3.03	750	7228 X	8.53	750	8001	2.79	750	8393	2.14	660
5037	23.95	750	6204	12.27	750	7229 X	8.95	750	8002	4.06	750	8500	7.94	750
5040	32.11	750	6206	7.78	750	7230	5.04	750	8006	2.42	701	8601	1.03	499

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8606		750	9083	2.02	643									
8709 F	10.00	750	9084	2.35	691									
8719	2.35	691	9089	1.43	557									
8720	1.70	597	9093	1.76	605									
8721	0.50	423	9101	3.78	750									
8726 F	11.47	750	9102	3.64	750									
8734 M	0.80	466	9154	2.42	701									
8737 M	0.73	456	9156	1.64	588									
8738 M	1.28	536	9170	3.47	750									
8742 X	0.59	436	9178	32.78	750									
8745	5.72	750	9179	44.97	750									
8748	0.52	425	9180	4.64	750									
8755	0.32	396	9182	3.38	750									
8799	1.20	524	9186	66.61	750									
8800	1.20	524	9220	4.25	750									
8803	0.10	365	9402	5.38	750									
8805 M	0.42	411	9403	7.16	750									
8810	0.31	395	9410	2.19	668									
8814 M	0.36	402	9501	5.50	750									
8815 M	0.67	447	9505	4.77	750									
8820	0.27	389	9516	4.06	750									
8824	3.09	750	9519	2.29	682									
8825	2.63	731	9521	6.62	750									
8826	2.79	750	9522	1.97	636									
8829	3.36	750	9534	8.74	750									
8831	3.28	750	9554	9.27	750									
8832	0.34	399	9586	0.82	469									
8833 X*	1.13	514	9600	2.04	646									
8835	2.46	707	9620	1.66	591									
8842	1.83	615												
8864	1.83	615												
8868	0.48	420												
8869	0.92	483												
8871	0.29	392												
8901	0.32	396												
9012	2.42	701												
9014	3.47	750												
9015 X	3.01	750												
9016	7.78	750												
9019	3.70	750												
9033	2.46	707												
9040 *	4.41	750												
9052	1.95	633												
9058	2.23	673												
9059	3.45	750												
9060	2.27	679												
9061	1.74	602												
9063	1.24	530												
9077 F	5.30	750												
9082	2.00	640												

- D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See Basic Manual Rule 3-A-7.
- E Advisory loss cost for classification already includes the specific disease loadings shown in the table below.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.18	S	1710E	0.03	S	3175D	0.02	S
0065D	0.03	S	1741E	0.15	S	4024E	0.01	S
0066D	0.03	S	1803D	0.15	S	5508D	0.02	S
0067D	0.03	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.05	S	3081D	0.03	S	6252D	0.02	S
1165E	0.02	S	3082D	0.03	S	6260D	0.02	S
1624E	0.03	S	3085D	0.03	S			

S = Silica, Asb = Asbestos

- F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Advisory loss cost includes a provision for federal assessment.
- M Advisory loss cost provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes**

- 1005 Advisory loss cost includes a non-ratable disease element of \$3.26. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$1.11.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$13.02. (For coverage written separately for federal benefits only, \$8.58. For coverage written separately for state benefits only, \$4.44.) It also includes a catastrophe loading of \$0.08.
- 6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.215.
- 6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost x 2.175 and elr x 2.032.
- 6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and elr each x 1.35.
- 7409 The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.
An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation).
An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation).
An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation).
An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical loss cost for the classification is \$0.30. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for the classification is \$1.11. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

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Basis of premium applicable in accordance with Basic Manual footnote instructions for Code:
7370 -- "Taxicab Co.":

Employee operated vehicle	\$48,893
Leased or rented vehicle	\$32,595

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew":

Maximum payroll per week per employee	\$750
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Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the
Basic Manual footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports",

Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling" \$2,500

Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" \$300

Per Passenger Seat Surcharge -- In accordance with Basic Manual footnote instructions for classification Code 7421,
the surcharge is:

Maximum surcharge per aircraft	\$1,000
Per passenger seat	\$100

Premium Determination for Partners, Sole Proprietors and Members of Limited Liability Companies in accordance with
Basic Manual Rule 2-E-3

\$31,900

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection
with Basic Manual Rule 3-A-4

86%

(Multiply a Non-F classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses.
This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in
loss-based expenses (1.116).)

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$350

The rate is the advisory loss cost multiplied by a factor of 1.908

Minimum Premium applicable in accordance with Basic Manual Rule 3-A-16-b or Rule 3-C-5-c are calculated for each class:

Standard formula = Rate x minimum premium multiplier + expense constant; but not over the maximum minimum premium.

Per capita formula = Rate + expense constant; but not over the maximum minimum premium.

Minimum Premium Multiplier 145

Maximum Minimum Premium \$750

Installment Fee - An installment handling fee will be charged for each direct bill installment \$9

Late Fee - A late fee will be charged when payment is received between the mailing of the "notice of intent to cancel" and the cancellation date \$15

Reinstatement Fee - A fee will be charged when a policy is reinstated after the cancellation date \$25

Foreign Terrorism Rate 0.04

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Rate 0.02

Premium Discount Percentages - (See Basic Manual Rule 3-A-19.) The following premium discounts are applicable to Standard Premiums:

First	\$ 10,000	-
Next	190,000	9.1%
Next	1,550,000	11.3%
Over	1,750,000	12.3%

Premium Determination under Basic Manual Rule 3-A-22

Specific Waiver: Charge the premium developed on the payroll used in connection with the work performed for the person or organization requiring the waiver 5%

Minimum premium for a Specific Waiver \$250

Blanket Waiver: Charge the premium for each state the waiver is required 2%

Minimum premium for a Blanket Waiver \$250

Percentage Premium Reductions - The following reduction percentages are applicable by hazard group and deductible amount on a per claim basis. The deductible percentage is determined by utilizing the following formula:

$\frac{f \times LER \times ELR}{(1-VER) \times LAE}$	where:	
f:	0.60	= safety factor
LER:	bureau	= loss elimination ratios from advisory miscellaneous values
ELR:	0.699	= expected loss ratio
LAE:	1.20	= loss adjustment expense
VER:	0.301	= variable expense ratio (VER: = (K) x (1 - ELR))
K:	1.00	= K is the ratio of variable expenses to total expenses.

Deductible Amount	Total Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
\$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
\$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
\$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
\$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
\$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
\$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
\$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
\$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Deductible Amount	Medical Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
\$1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
\$2,000	17.1%	13.8%	11.9%	10.1%	8.5%	5.9%	4.5%
\$2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
\$3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
\$3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
\$4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
\$4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
\$5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

Deductible Amount	Indemnity Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	2.0%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
\$2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
\$3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
\$3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
\$4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
\$4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
\$5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

<i>SERFF Tracking Number:</i>	<i>ERCB-125682998</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Westport Insurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>9-WC-AR-08-03694-1-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation ISO Adoption - 08-03694</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation ISO Adoption - 08-03694/9-WC-AR-08-03694-1-R</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	06/16/2008
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Comments:

Please see the Rate/Rule Schedule tab

Satisfied -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	06/16/2008
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Comments:

Attachment:

Trans forms.pdf

Satisfied -Name:	NAIC loss cost data entry document	Review Status: Approved	06/16/2008
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Comments:

Attachments:

Exhibits.pdf

LC Data Entry Doc.pdf

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 06/05/08

Page 1 of 2

1. INSURER NAME Westport Insurance Corporation
ADDRESS P.O. Box 2991
Overland Park , KS 66201-1391

PERSON RESPONSIBLE FOR FILING Linda Snook

TITLE P&RS Specialist TELEPHONE # 800-255-6931, x5307

2. INSURER NAIC # 39845 GROUP # 181

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2008-02 (approval circular AR-2008-06)

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-9.5%</u>	EFFECTIVE DATE	<u>07/01/08</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-9.5%</u>	EFFECTIVE DATE	<u>07/01/08</u>

7. A. PRIOR RATE LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>01/01/08</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>01/01/08</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM." (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

() The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

(X) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

Page 2 of 2

INSURER NAME Westport Insurance Corporation DATE 6/5/2008
NAIC # 39845 GROUP # 181

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
(X) Yes () No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (CHECK ONE):

Without modification (factor = 1.000).

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) Maintaining our current LCM.

- B. Loss Cost Modification expressed as a Factor (see examples below): 0.959

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. Total Production Expense	<u>15.3%</u>
B. General Expense	<u>4.1%</u>
C. Taxes, Licenses and Fees	<u>5.8%</u>
D. Underwriting Profit and Contingencies*	<u>4.9%</u>
E. Other (explain)	<u> </u>
F. TOTAL	<u>30.1%</u>

* Explain how investment income is taken into account.

4. A. Expected Loss & Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 69.9%
B. ELR in decimal form = 0.699

5. Overall impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.045

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) 0.976

7. Company Formula Loss Cost Multiplier: $(2B/[(6-3F) \times 5]) =$ 1.360

8. Company Selected Loss Cost Multiplier = 1.360
Explain any differences between 7 and 8:

- | | | |
|--|-----|-------|
| | YES | NO |
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | () | (X) |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | () | (X) |

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 06/05/08

Page 1 of 2

1. INSURER NAME North American Specialty Insurance Company
ADDRESS 650 Elm St
Manchester, NH 03101

PERSON RESPONSIBLE FOR FILING Linda Snook

TITLE P&RS Specialist TELEPHONE # 800-255-6931, x5307

2. INSURER NAIC # 29874 GROUP # 181

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2008-02 (approval circular AR-2008-06)

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-9.7%</u>	EFFECTIVE DATE	<u>07/01/08</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-9.7%</u>	EFFECTIVE DATE	<u>07/01/08</u>

7. A. PRIOR RATE LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>01/01/08</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>01/01/08</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM." (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

() The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

(X) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

Page 2 of 2

INSURER NAME North American Specialty Insurance Company DATE 06/05/08
NAIC # 29874 GROUP # 181

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
(X) Yes () No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (CHECK ONE):

 Without modification (factor = 1.000).

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) Changing tier % off Westport to +20%.

- B. Loss Cost Modification expressed as a Factor (see examples below): 0.959

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. Total Production Expense	<u>15.3%</u>
B. General Expense	<u>4.1%</u>
C. Taxes, Licenses and Fees	<u>5.8%</u>
D. Underwriting Profit and Contingencies*	<u>4.9%</u>
E. Other (explain)	<u> </u>
F. TOTAL	<u>30.1%</u>

* Explain how investment income is taken into account.

4. A. Expected Loss & Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 69.9%
B. ELR in decimal form = 0.699

5. Overall impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.045

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) 0.976

7. Company Formula Loss Cost Multiplier: $(2B/[(6-3F) \times 5]) =$ 1.360

8. Company Selected Loss Cost Multiplier = 1.632
Explain any differences between 7 and 8: NAS is filing a +20% tier off Westport.

- | | | |
|--|-----|-------|
| | YES | NO |
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | () | (X) |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | () | (X) |

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 06/05/08

Page 1 of 2

1. INSURER NAME North American Elite Insurance Company
ADDRESS 650 Elm St
Manchester, NH 03101

PE PERSON RESPONSIBLE FOR FILING Linda Snook

TITLE P&RS Specialist TELEPHONE # 800-255-6931, x5307

2. INSURER NAIC # 29700 GROUP # 0181

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2008-02 (approval circular AR-2008-06)

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>no insureds</u>	EFFECTIVE DATE	<u>07/01/08</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>no insureds</u>	EFFECTIVE DATE	<u>07/01/08</u>

7. A. PRIOR RATE LEVEL CHANGE	<u>no insureds</u>	EFFECTIVE DATE	<u>01/01/08</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>no insureds</u>	EFFECTIVE DATE	<u>01/01/08</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM." (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

() The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

(X) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

Page 2 of 2

INSURER NAME North American Elite Insurance Company DATE 6/5/2008
NAIC # 29700 GROUP # 181

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
(X) Yes () No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (CHECK ONE):

Without modification (factor = 1.000).

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) Maintaining current multiplier.

- B. Loss Cost Modification expressed as a Factor (see examples below): 1.346

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. Total Production Expense	<u>15.3%</u>
B. General Expense	<u>4.1%</u>
C. Taxes, Licenses and Fees	<u>5.8%</u>
D. Underwriting Profit and Contingencies*	<u>4.9%</u>
E. Other (explain)	<u> </u>
F. TOTAL	<u>30.1%</u>

* Explain how investment income is taken into account.

4. A. Expected Loss & Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 69.9%
B. ELR in decimal form = 0.699

5. Overall impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.045

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) 0.976

7. Company Formula Loss Cost Multiplier: $(2B/[(6-3F) \times 5]) =$ 1.908

8. Company Selected Loss Cost Multiplier = 1.908
Explain any differences between 7 and 8:

- | | | |
|--|-----|-------|
| | YES | NO |
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | () | (X) |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | () | (X) |

**Swiss Re Commercial Insurance
Workers' Compensation**

	2002		2003		2004		2005		2006		Total		
	(000's) \$	% of Premium	(000's) \$	% of Premium	(000's) \$	% of Premium	(000's) \$	% of Premium	(000's) \$	% of Premium	(000's) \$	% of Premium	Selected
Direct Written Premium	213,116		241,026		224,760		227,969		215,270		1,122,141		
Direct Earned Premium	216,024	100.0%	228,047	100.0%	221,991	100.0%	227,839	100.0%	218,283	100.0%	1,112,184	100.0%	
Incurred Loss & ALAE	253,106	117.2%	158,533	69.5%	173,169	78.0%	143,084	62.8%	170,444	78.1%	898,336	80.8%	
ULAE	9,176	3.6%	5,137	3.2%	9,251	5.3%	13,059	9.1%	6,548	3.8%	43,171	4.8%	
Commissions	26,695	12.5%	23,958	9.9%	20,731	9.2%	20,319	8.9%	15,206	7.1%	106,909	9.5%	10.0%
Other Acquisition Expense	6,169	2.9%	10,638	4.7%	13,291	6.0%	13,057	5.7%	15,938	7.3%	59,093	5.3%	5.3%
General Expense	6,316	2.9%	13,256	5.8%	11,655	5.3%	8,180	3.6%	6,649	3.0%	46,056	4.1%	4.1%
Taxes, Licenses & Fees	6,511	3.1%	8,351	3.5%	6,467	2.9%	8,140	3.6%	5,432	2.5%	34,901	3.1%	5.8%

Total Expense Provision: 25.2%

Profit & Contingencies: 4.9%

**Industry Wide
Workers' Compensation**

	2002		2003		2004		2005		2006		Total	
	(000's) \$	% of Premium	(000's) \$	% of Premium	(000's) \$	% of Premium	(000's) \$	% of Premium	(000's) \$	% of Premium	(000's) \$	% of Premium
Direct Written Premium	35,263,778		39,144,782		42,513,541		45,730,298		47,224,384		209,876,783	
Direct Earned Premium	33,326,899	100.0%	37,807,943	100.0%	41,706,757	100.0%	44,609,494	100.0%	46,917,098	100.0%	204,368,191	100.0%
Incurred Loss & ALAE	27,376,306	82.1%	29,897,002	79.1%	30,881,608	74.0%	31,111,865	69.7%	30,669,169	65.4%	149,935,950	73.4%
ULAE	2,255,925	8.2%	2,503,170	8.4%	2,629,713	8.5%	2,888,592	9.3%	2,736,881	8.9%	13,014,281	8.7%
Commissions	2,783,483	7.9%	2,940,996	7.5%	3,228,323	7.6%	3,301,125	7.2%	3,423,949	7.3%	15,677,876	7.5%
Other Acquisition Expense	1,682,733	5.0%	1,825,173	4.8%	1,998,502	4.8%	2,153,517	4.8%	2,059,125	4.4%	9,719,050	4.8%
General Expense	2,041,713	6.1%	2,149,629	5.7%	2,217,102	5.3%	2,405,428	5.4%	2,138,740	4.6%	10,952,612	5.4%
Taxes, Licenses & Fees	1,408,726	4.0%	1,768,545	4.5%	1,780,972	4.2%	2,338,498	5.1%	2,151,961	4.6%	9,448,702	4.5%

ULAE to Loss & ALAE Ratio: 6.7%

Notes:

1. The 6.7% ULAE to Loss Ratio is the average of the Industry and Westport, ERC & Coregis.
2. Data taken from Line 16 of the Insurance Expense Exhibit of Westport, ERC & Coregis.
3. The Selected Other Acquisition and General Expense is the average of Westport, ERC & Coregis.

Swiss Re Commercial Insurance
Investment Income Exhibit
Workers' Compensation

Underwriting Tax Rate:	35.0%
Invst Income Tax Rate:	20.8%
Invst Income Return:	5.0%
Reserve Discount Rate:	5.0%
Initial Prem/Surplus:	1.30
Variable (EP) Expense Ratio:	25.2%
Fixed (WP) Expense Ratio:	0.0%
Target Loss Ratio:	65.6%
ALAE to Loss Ratio:	0.0%
ULAE to Loss & ALAE Ratio:	6.7%
Premium Payments:	1 (1 or 12 only)
Loss & LAE Ratio:	69.9%
Combined Ratio:	95.1%
Underwriting Profit Margin:	4.9%
ROE:	15.0%
PVROP:	9.4%

PATTERNS	<u>Time</u>	<u>Premium Payments</u>	<u>Unearned Premium</u>	<u>Payout Pattern</u>	<u>Cumulative Paid</u>
	0.00				
	1.00	100	-	23.80%	23.8%
	2.00	-	-	29.08%	52.9%
	3.00	-	-	17.20%	70.1%
	4.00	-	-	9.80%	79.9%
	5.00	-	-	5.89%	85.8%
	6.00	-	-	3.84%	89.6%
	7.00	-	-	2.56%	92.2%
	8.00	-	-	1.82%	94.0%
	9.00	-	-	1.34%	95.3%
	10.00	-	-	1.01%	96.3%
	11.00	-	-	0.75%	97.1%
	12.00	-	-	0.57%	97.7%
	13.00	-	-	0.48%	98.1%
	14.00	-	-	0.39%	98.5%
	15.00	-	-	0.29%	98.8%
	16.00	-	-	1.19%	100.0%
				100.00%	
	Duration			2.80	

Note:

1. The payout pattern is based upon the combination of company and industry payout patterns.

Swiss Re Commercial Insurance
Investment Income Exhibit - Workers' Compensation

Total return from Insurance Transactions and Surplus												
	1	2	3	4	5	6	7	8	9	10	11	12
Time	Premium	Earned Premium	Variable Expenses	Fixed Expenses	Loss Payments	ALAE Payments	ULAE Payments	Loss & LAE Reserve	Underwriting Profit/Loss	Discount Factors	Discounted Loss & LAE Reserve	Change in Discounted Reserve
0												
1	100.00	100.00	25.20	-	15.60	-	2.72	51.62	4.85	0.8923	46.07	
2	-	-	-	-	19.06	-	0.64	31.92	(0.00)	0.8828	28.18	1.82
3	-	-	-	-	11.27	-	0.38	20.27	0.00	0.8708	17.65	1.12
4	-	-	-	-	6.42	-	0.22	13.64	0.00	0.8606	11.74	0.72
5	-	-	-	-	3.86	-	0.13	9.65	(0.00)	0.8536	8.23	0.49
6	-	-	-	-	2.52	-	0.08	7.04	0.00	0.8488	5.98	0.35
7	-	-	-	-	1.68	-	0.06	5.31	(0.00)	0.8476	4.50	0.26
8	-	-	-	-	1.19	-	0.04	4.08	0.00	0.8492	3.46	0.19
9	-	-	-	-	0.88	-	0.03	3.16	-	0.8534	2.70	0.15
10	-	-	-	-	0.66	-	0.02	2.48	0.00	0.8605	2.13	0.12
11	-	-	-	-	0.49	-	0.02	1.97	(0.00)	0.8724	1.72	0.09
12	-	-	-	-	0.37	-	0.01	1.59	(0.00)	0.8897	1.41	0.08
13	-	-	-	-	0.31	-	0.01	1.26	(0.00)	0.9109	1.15	0.06
14	-	-	-	-	0.25	-	0.01	1.00	(0.00)	0.9386	0.94	0.05
15	-	-	-	-	0.19	-	0.01	0.80	(0.00)	0.9759	0.78	0.04
16	-	-	-	-	0.78	-	0.03	-	0.00	0.9759	-	0.02
	100.00	100.00	25.20	-	65.56	-	4.39		4.85			5.56

Total return from Insurance Transactions and Surplus											
	13	14	15	16	17	18	19	20	21	22	23
Time	Taxable Underwriting Profit/Loss	Tax on Und Profit	Und Profit Net of Tax	Requirement for Next Yr	Beginning Funds	Ending Funds	Investable Funds	Invst Income	Tax on Invst Income	Net Invst Income	Flows
0	-	-	-	76.92		76.92					(76.92)
1	10.41	3.64	1.21	0.00	151.72	133.40	142.56	7.13	1.48	5.65	83.78
2	(1.82)	(0.64)	0.64	0.00	51.62	31.92	41.77	2.09	0.43	1.65	2.29
3	(1.12)	(0.39)	0.39	0.00	31.92	20.27	26.10	1.30	0.27	1.03	1.43
4	(0.72)	(0.25)	0.25	0.00	20.27	13.64	16.96	0.85	0.18	0.67	0.92
5	(0.49)	(0.17)	0.17	0.00	13.64	9.65	11.64	0.58	0.12	0.46	0.63
6	(0.35)	(0.12)	0.12	0.00	9.65	7.04	8.34	0.42	0.09	0.33	0.45
7	(0.26)	(0.09)	0.09	0.00	7.04	5.31	6.17	0.31	0.06	0.24	0.33
8	(0.19)	(0.07)	0.07	0.00	5.31	4.08	4.69	0.23	0.05	0.19	0.25
9	(0.15)	(0.05)	0.05	0.00	4.08	3.16	3.62	0.18	0.04	0.14	0.20
10	(0.12)	(0.04)	0.04	0.00	3.16	2.48	2.82	0.14	0.03	0.11	0.15
11	(0.09)	(0.03)	0.03	0.00	2.48	1.97	2.23	0.11	0.02	0.09	0.12
12	(0.08)	(0.03)	0.03	0.00	1.97	1.59	1.78	0.09	0.02	0.07	0.10
13	(0.06)	(0.02)	0.02	0.00	1.59	1.26	1.43	0.07	0.01	0.06	0.08
14	(0.05)	(0.02)	0.02	0.00	1.26	1.00	1.13	0.06	0.01	0.04	0.06
15	(0.04)	(0.01)	0.01	0.00	1.00	0.80	0.90	0.05	0.01	0.04	0.05
16	(0.02)	(0.01)	0.01	-	0.80	0.00	0.40	0.02	0.00	0.02	0.02
	4.85	1.70	3.15		0.00			13.63	2.83	10.79	13.95
									Return on Surplus		15.0%

1 Not actual written premium, used to reflect premium payment pattern.

2 Total(1) - Cumulative(2)

3 (2) * Variable Expense Ratio of 25.2%

4 Total(1) * Fixed Expense Ratio of 0%

5 Total(1) * Expected Loss Ratio of 65.6% * Payout Pattern

6 (5) * ALAE/Loss Ratio of 0%

7 time 1 formula is: [(5) + (6)] * ULAE*1/2 + ULAE*1/2*ELR*(1+ALAE to LR)*(1

time 2-16 formula is: [(5)+(6)]*ULAE*1/2

8 Total(5) + Total(6) + Total(7) - sum[columns (5)+(6)+(7)]

9 (2) - (3) - (4) - [(5) - (6) - (7) - (8)] - (8prior)

10 Discounted Payout Pattern

11 (8) * (10)

12 (5) + (6) + (7) + (11) - (11prior)

13 time 1 formula is: (2) - (3) - (4) - (5)- (6)- (7)- (11)

time 2-16 formula is: (2) - (3) - (4) - (12)

14 (13) * Underwriting Tax Rate of 35%

15 (9) - (14)

16 Reserve/ Surplus Ratio

17 time 1 formula is: (18prior) + (1) - (3)

time 2-16 formula is: (18prior) + (16prior) - (16prior2) - (14prior) - (15prior)

18 time 1 formula is: (18prior)+(1) - (3) - (4) - (5) - (6) - (7)

time 2-16 formula is: (17) - (3) - (4) - (5) - (6) - (7) - (14) - (15)

19 Average[(17) + (18)]

20 (19) * Investment Income Return of 5%

21 (20) * Investment Income Tax Rate of 20.8%

22 (20) - (21)

23 time 1 is: (16prior) + (22) + (15) time 2-16 is: (22) + (15)

Swiss Re Commercial Insurance
Investment Income Exhibit
Estimated Investment Earnings On
Surplus and Unearned Premium & Loss Reserves

The rate of return is the ratio of net investment income earned to mean cash and invested assets as determined from the Company Annual Statement.

	Net Investment Income Earned (In Thousands)	Mean Cash and Investment Assets (In Thousands)	Rate of Return	Realized Capital Gains/Losses	Unrealized Capital Gains/Losses	Realized % of Assets	Unrealized % of Assets
2006	1,218,177	16,543,799	7.4%	-1,934,186	1,940,925	-11.7%	11.7%
2005	587,945	16,713,057	3.5%	57,510	-790,339	0.3%	-4.7%
	1,806,122	33,256,856	5.0%	-1,876,676	1,150,586	-5.6%	3.5%

The average rate of Federal Income Tax was determined by applying current tax rates to the distribution of investment income earned. This data is from the Company Annual Statement.

	Investment Income Earned (In Thousands)	Federal Income Tax Rate	
Bonds			
Taxable	311,692	0.350	(c)
Non-Taxable	194,018	0.053	(a)
Total	505,710	0.236	(d)
Stock			
Taxable	14,487	0.142	(b)
Taxable Affiliates	542,883		
Total	557,370		
Mortgage Loans on Real Estate	1,959		
Real Estate	0		
Cash on Deposit and Short Term Investments	164,791		
All Other	15,770		
Sub-Total	182,520	0.350	(c)
Total	1,245,600	0.211	(e)
Investment Deductions	27,422	0.350	(c)
Net Investment Income Earned	1,218,178	0.208	(f)

- Notes:
- (a) 100% of the income on tax-exempt bonds is subject to proration; that is, 15% of the of that income taxed at a full corporate income tax rate of 35%. The applicable tax rate is $[(1.00 \times .15 \times .35) = .0525]$.
 - (b) 30% of dividend income on stock is subject to the full corporate income tax rate of 35%. 100% of the remaining dividend income on stocks is subject to proration: that is, 15% of the remaining 70% of dividend income is taxed at a rate of 35%. The applicable tax rate is thus $[(.30 \times .35) + (1.00 \times .70 \times .15 \times .35) = 0.142]$.
 - (c) The full corporate income tax rate is 35%.
 - (d) Weighted average of the taxable and non-taxable bonds $[(311,692 \times 0.35 + 194,018 \times 0.053)/505,710]$.
 - (e) Weighted average of all investment incomes $[(505,710 \times 0.236 + 557,370 \times 0.142 + 182,520 \times 0.35)/1,245,600]$.
 - (f) Investment income tax rate: $[(1,245,600 \times 0.211 - 27,422 \times 0.35)/1,218,178]$.

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	9-WC-AR-08-03694-1-R -
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI Item filing AR-2008-02 (approval circular AR-2008-06)
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	Company Name	Company NAIC Number
3. A.	Westport Insurance Corporation	B. 181 - 34207

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4. A.	Workers Compensation	B. Workers Compensation

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested% Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation	n/a	-9.5%	69.9%	0.959	1.360	350	1.360
Total Overall Effect	n/a	-9.5%					

6. 5 Year History

Rate Change History

7.

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2007	428	2.5%	01/01/08	\$4,356	\$991	22.7%	33.7%	A. Total Production Expense	15.3%
2006	554	-3.3%	09/01/07	\$5,824	\$2,131	36.6%	45.7%	B. General Expense	4.1%
2005	675	0.1%	07/01/07	\$6,572	\$3,189	48.5%	56.6%	C. Taxes, License & Fees	5.8%
2004	564	-0.9%	09/01/06	\$5,859	\$4,357	74.4%	58.2%	D. Underwriting Profit & Contingencies	4.9%
2003	472	-2.7%	09/01/05	\$4,741	\$2,386	50.3%	57.9%	E. Other (explain)	0.0%
		5.1%	08/01/04					F. TOTAL	30.1%
		1.8%	11/01/03						

8. ☐ Apply Lost Cost Factors to Future filings? (Y or N)

9. ☐ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. ☐ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

Y

14.7%

-34.7%

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	9-WC-AR-08-03694-1-R
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI Item filing AR-2008-02 (approval circular AR-2008-06)
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3.	A.	Company Name North American Specialty Insurance Company	B.	Company NAIC Number 181 - 29874
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4.	A.	Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers Compensation	B.	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) Workers Compensation
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5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested% Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation	n/a	-9.7%	69.9%	1.141	1.632	350	1.632
Total Overall Effect	n/a	-9.7%					

6. 5 Year History

Rate Change History

7.

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2007	25	2.5%	01/01/08	\$20	\$29	142.6%	18.7%	A. Total Production Expense	15.3%
2006	0	-5.4%	09/01/07	\$0	\$0	0.0%	0.0%	B. General Expense	4.1%
2005	0	0.1%	07/01/07	\$0	\$0	0.0%	0.0%	C. Taxes, License & Fees	5.8%
2004	0			\$0	\$0	0.0%	16.7%	D. Underwriting Profit & Contingencies	4.9%
2003	0			\$0	\$0	0.0%	16.3%	E. Other (explain)	0.0%
								F. TOTAL	30.1%

8. ☐ Apply Lost Cost Factors to Future filings? (Y or N)

9. ☐ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. ☐ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

Y
14.7%
-32.6%

PC RLC

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	9-WC-AR-08-03694-1-R
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI Item filing AR-2008-02 (approval circular AR-2008-06)
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3.	A.	Company Name North American Elite Insurance Company	B.	Company NAIC Number 181 - 29700
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4.	A.	Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers Compensation	B.	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) Workers Compensation
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5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested% Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation	n/a	No Insureds	69.9%	1.334	1.908	350	1.908
Total Overall Effect	n/a	0.0%					

6. 5 Year History

Rate Change History

7.

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2007	0	2.5%	01/01/08	no experience				A. Total Production Expense	15.3%
2006	0	-3.3%	09/01/07					B. General Expense	4.1%
2005	0	0.1%	07/01/07					C. Taxes, License & Fees	5.8%
2004	0							D. Underwriting Profit & Contingencies	4.9%
2003	0							E. Other (explain)	0.0%
								F. TOTAL	30.1%

8. ☐ Apply Lost Cost Factors to Future filings? (Y or N)

9. ☐ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. ☐ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

Y

no insureds

no insureds

PC RLC